

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Christopher Scott Fuselier :  
Serial No.: 09/681,574 : Group No.: 2167  
Filed: May 1, 2001 : Examiner: Lu, Kuen S.  
For: METHODS AND SYSTEMS :  
FOR PROVIDING CONTEXT  
SENSITIVE INFORMATION :

**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:  
Amendment (3 pages)  
Request for Continued Examination (RCE) Transmittal (3 pages)

**STATUS**

2. Applicant  
 claims small entity status.  
 is other than a small entity.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a)  Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 120.00	\$ 60.00
second month	\$ 460.00	\$ 230.00
third month	\$ 1,050.00	\$ 525.00
fourth month	\$ 1,640.00	\$ 820.00
fifth month	\$ 2,230.00	\$1,115.00

Fee: \_\_\_\_\_ \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

An extension of \_\_\_\_\_ months has already been secured. The fee paid therefore \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$\_\_\_\_\_

OR

(b)  Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS	=	x \$25.00 = \$	x \$50.00 = \$
	MINUS	=	x \$105.00 = \$	x \$210.00 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$185.00 = \$	+ \$370.00 = \$
			TOTAL ADDITIONAL FEE \$	OR
				TOTAL ADDITIONAL FEE \$

(a)  No additional fee for Claims is required

**OR**

(b)  Total additional fee for claims required \$ \_\_\_\_\_

## FEE PAYMENT

5. Attached is a check in the sum of \$\_\_\_\_\_

Charge Deposit Account No. 01-2384 the sum of \$810.00.  
A duplicate of this transmittal is attached.

## FEE DEFICIENCY

6.  If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7.  Other:



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